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P.O. Box 12435, Columbus, Georgia 31917-2435, or turn in to Activity Therapy in Building 6 or to the Business
Office in Building 1.

FOUNDATION MEMBERSHIP/DONATION FORM

I/we support the WCGRH Foundation, Inc., established to enhance the services provided for the clients and staff of West Central Georgia Regional Hospital.

☐ Enclosed is my annual membership fee in the amount of \$10.00.

☐ Enclosed is my contribution in the amount of \$_____.

☐ Enclosed is my Lifetime Membership fee of \$100.00.

☐ In addition to my contribution, I would like to share my time and talents. Please contact me about volunteer opportunities at West Central Hospital.

Name: _____

Address: _____

Phone: [] _____



YOUR DONATION IS TAX DEDUCTIBLE AND GREATLY APPRECIATED.